

## Introduction

Recomposing Mental Health On and With the Internet

Baptiste Brossard, David L.J. Gerber and Cécile Méadel

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# Introduction

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- 1 The advent of the Internet has affected the ways individuals, groups and institutions handle health-related issues.<sup>1</sup> These transformations have triggered research from social scientists as well as from the medical community, as is illustrated by publications such as the *Journal of Medical Internet Research* since 1999. However, this field has received little research attention as far as mental health is concerned – notwithstanding the overall progression of the psychological and psychiatric themes in public space (Mehl, 2003), and the various controversies or “moral panics” revolving around it. The definition of Internet-related mental disorders, the emergence of treatments, the recent DSM-V and the adoption of the evidence-based medicine model by psychologists and psychiatrists are all matters of much discussion. The aforementioned transformations and debates undoubtedly call for data and analyses from the social sciences to contribute in making the relations between communication technology and mental health intelligible.
- 2 To that end, it first seemed necessary to question an antagonism underlying much of the relevant literature. On the one hand, Internet use has been suspected of causing various disorders such as “cyberchondria” or “cyberaddiction” (Cash et al., 2012; Young, 1998; Valleur, 2009), of provoking problems of self-esteem, depression or social isolation (Mohseni & Sohrabi, 2007; Sanders et al., 2000), or even of leading some users to “schizophrenic-autistic” attitudes (Jauréguiberry, 2000). On the other hand, a number of more enthusiastic publications prefer to consider the impacts of Internet use as beneficial to the mental health of individuals, for instance by reducing the risk of depression (Pénard, Poussing, & Suire, 2011; Ford & Ford, 2009).
- 3 Whereas *RESET*’s first issue challenged the techno-enthusiastic conception that communication technologies foster a levelling of social class inequalities, for this second journal issue’s topic it was deemed necessary to think beyond an axis of enthusiasm versus pessimism. Given the present state of research, rather than opposing arguments “in favour” and “against”, the questions of “how” or “under what conditions” seemed of foremost importance: how, if at all, does the Internet contribute

to the production of mental health categories? How are these categories created and re-appropriated or opposed by the individuals and groups concerned? How is Internet use changing patient trajectories in care and treatment and in what ways are electronic communication tools used by groups of patients?

- 4 This introduction attempts to outline these questions and anchor them amongst existing perspectives of sociological, anthropological and historical traditions. This was carried out according to three dimensions: 1) the relation of the social sciences to psychological disciplines, 2) the role of labelling processes in the occurrence of disorders, and 3) the socio-cultural dimensions of mental disorders. Although this is a contentious research field where findings are frequently challenged, the point of view supported here is that the Internet constitutes a new field of inquiry with a potential to renew fundamental questions that have however already been raised in research on mental health.

## Sociologists, Psychologists and Internet Users

- 5 The interest of sociologists for mental disorders is as old as sociology itself, as exemplified by one of the discipline's seminal works, *Suicide* (Durkheim, 1898). Until the 1960s most of the sociology of mental health aimed to show that they are not intra-individual but social phenomena. Such research identified sociological variations in the appearances of "mental illnesses" to demonstrate the role society played in their emergence. Durkheim thus argued that the integration of individuals to the collective, with indicators of integration such as the marital status, statistically protects individuals from suicide. In the mid-20<sup>th</sup> century United States, research underlined the influence of place of residence (Faris & Dunham, 1939) and of patients' social environments (Hollingshead & Redlich, 1958) on the rates and types of disease diagnosed. The social science of mental health was formed often in opposition to psychiatry and psychology, which were viewed as individualizing disciplines. The first chapters of Durkheim's *Suicide* thoroughly illustrate this perspective.
- 6 Nowadays, it may be outdated to oppose sociology and psychology as either collectively or individually oriented perspectives. However, taking a sociological point of view on mental health still amounts to making a stand toward the disciplines established as legitimate on these objects of study (Darmon, 2005). These established perceptions are widespread throughout the social world to the extent that questioning the individualisation of mental disorders largely means going against common sense. Several papers in this issue deal with this question in one way or another. Patricia and Peter Adler show how the Internet encourages collective alternatives for understanding self-injury, a phenomenon long perceived through the lens of a psychological (and thus individual) therapeutic model. Similarly, Sarah Riley and Cara Williams underline the collective dynamics that underlie processes of integration to web-based forums on anorexia.
- 7 But with the Internet, what is at stake is not only the collective expression around disorders and treatments. Michael Dellwing's and Nadine Jukschat's papers take on questions revolving around some suspected new pathologies linked to Internet use, namely cyberaddiction and videogame dependency. Their pragmatic orientation leads to an understanding of such disorder categories as social actors' responses to uncertain or problematic situations. These approaches fall within another variant of criticism to

psychiatry, putting the purely psychological nature of disorders into a socio-historical perspective while keeping the focus of analysis on an individual level. In this issue Michael Dellwing explores the topicality of an interactionist and pragmatic approach to the case of Internet addiction; he shows how this “disorder” can be reframed as an infringement of role expectancies in given social situations. Nadine Jukschat operates in a similar way by empirically reconstructing the addiction trajectories in the social lives of interviewees.

- 8 The implications of networked computing for mental health have of course not only sparked the curiosity of sociologists. Health-care professionals have been investigating possibilities for therapy and action. Public health agencies for instance carry out online prevention campaigns to harness the power of social networking in attempt to encourage “virtuous” behaviour (see for instance Kivits et al., 2009). Various forms of “tele-rehabilitation” and therapeutic uses of videogames or virtual worlds emerge as clinical and research possibilities (Leroux, 2008; Radillo, 2009; Jermann et al., 2010), but such innovations also entail challenges and debates in terms of ethics (Convert & Demailly, 2003), practices (Palazzolo, 2003) and interface assessment (Reavley & Jorm, 2011). Jan Bergström addresses these questions as a practitioner and researcher in clinical psychology. His paper offers a review of self-help therapy methods and reflects on further possibilities in the field of cognitive and behavioural treatments.
- 9 Arguably, the advent of the Internet reissues questions that are fundamental to the emergence of the social science of mental health. The analysis of how mental disorders are (and can be) dealt with by society, underlines the social anchorage of phenomena usually perceived as individual in nature and sheds light on the various forms of knowledge necessary for the understanding thereof.

## The Freedom to Self-Label?

- 10 Perhaps one of the most efficient remedies against the individualisation of disorders by professionals has been to reframe the said disorders as forms of transgression and deviance. Howard Becker (1973) has famously reinterpreted the consumption of drugs as a deviant act in the terms of a given social group’s norms, which are upheld by moral entrepreneurs. This non-normative approach to social order became a common point to many – mostly American – sociologists of mental health in the tradition often referred to as the labelling theory of mental disorders. Thomas Scheff’s seminal 1966 book *Being Mentally Ill* argues that the occurrence of mental afflictions must be understood in relationship with the social labelling processes undergone by the afflicted. In this perspective, labelling not only sanctions the disorder, but also contributes to its very emergence.
- 11 Twenty years later, this theory had been built upon. Peggy Thoits (1985) argues that when facing “emotional deviance” (emotions felt as inappropriate by the subject), individuals tend to first self-label as possibly mentally ill before consulting a professional and being filled in on the actual categorization to apply. For Bruce Link et al. (1989), the anticipation of being labelled is actually more constraining than the labelling itself since a (self-) designated illness doesn’t necessarily entail social rejection. Rather, individuals tend to anticipate this rejection and produce effects an extraneous labelling process would.

- 12 These theories surfaced before Internet usage spread to constitute what could be thought of as a vast collection of labels available to individuals to use. The sole control of nosological categories by doctors, psychiatrists and psychologists is indeed challenged by the online potential for organizing, distributing or even producing of knowledge by groups of patients and their families (see for instance Méadel, 2006). In the past, it seems that successful interventions by patients on the definitions or establishment of such categories required very substantial and repeated lobbying efforts; as was the case when Vietnam veterans for instance succeeded in bringing Post-traumatic Stress Disorder into the DSM-III (Scott, 1990). Such an endeavour requires more than just the public recognition of an issue; it takes thorough “calling into question” of conceptions of where responsibility lies and what the effects are (Barthe, 2010).
- 13 Now that a large source for information on mental disorders has become accessible along with enhanced means for collective organization, are patients actually more likely to have their say about psychiatric and psychological labelling and categorization processes? This is a fundamental question especially as it touches upon the crucial problem of the patient’s autonomy, which is precisely what is at stakes at the heart of mental disorders (Dodier & Rabeharisoa, 2006). Or as Jean-François Pelletier (2005) puts it, to what extent can “insanity” speak for itself?
- 14 The present issue provides some answers to these questions. Patricia and Peter Adler’s contribution shows not only that Internet users provide various definitions of self-injury, but also that a new “self-injurer” identity arises, with which users label themselves. The paper by Sarah Riley and Cara Williams challenges the simplistic view that any given Internet user can take advantage of the potential of networked communication unhindered. They describe how newbies have to adapt their discourse to group norms in order to become part of a community on anorexia-related web forums. These papers provide insight for the two aforementioned aspects: on the one hand, how labelling processes become increasingly autonomous from professional mental health actors, and on the other hand how access to such self-labelling can be constrained. The Internet provides avenues for bringing labelling processes into the public sphere, which in turn impacts the description, understanding and experience of these disorders (Casilli, 2013). And this does not only apply to “active” Internet users: research on online patient groups has underlined that lurkers are key elements of these online places of expression, passive observers who are perfectly tolerated and part of these communities (Lasker *et al.*, 2005; Akrich & Méadel, 2012).
- 15 Labels constructed and circulated by collectives of laymen are of significant interest to mental health professionals as well. Jan Bergström describes the growing attention of therapists to the possibilities of online communication and how such efforts contribute to redefining common conceptions of psychotherapy by further promoting self-help oriented approaches in therapy.
- 16 So online therapy seems to be playing a role in defining the substance of online selves in the future, and more generally, what some have called the digital self is being influenced by lay definitions of mental disorders. Michael Dellwing argues that the mere concept of Internet dependency influences the construction of individuals through the designation of what is normal and pathological by members of the individual’s official and intimate environment. The category of Internet addiction can be considered as the product of sanctioning deviant forms of interactional

involvement; one is labelled as addict when giving priority to online involvements as opposed to the more legitimate spheres (family, couple, work, and so on). Nadine Jukschat's data shows that self-labelling as "video game dependent" is a means of making sense of one's own self, and of presenting oneself narratively in the setting of a biographical interview.

- 17 This revisiting of labelling theory brings forth numerous questions on how (professional and lay) categories of diagnosis circulate through the social world and how people interpret and create them. In this sense, investigating the uses of the Internet opens up new perspectives as is illustrated by the papers in this issue. This selection offers insights on the construction of psychological labels, on the individual and group dynamics around these categories, and on the ways they are experienced in social situations.

## From Culture to Communities

- 18 As far as non-individualising approaches to mental health are concerned, a further analytical model must be mentioned, which has developed in both the Anglo-Saxon and the French social sciences. It consists in interpreting mental disorders through the lens of the culture they occur in. This perspective's central argument is that if mental disorders were truly intra-individual and/or biological phenomena, they would have to be identical in all societies and historical contexts, since the biological and genetic structure of humankind hardly changes. But anthropologists as well as historians have underlined that there are substantial variations over time and space. Nowadays, the medical field itself acknowledges that at least some mental disorders are specific to certain cultures and the DSM recognizes various "culture bound syndromes". Critics however argue that this taxonomy still fundamentally rests upon a European-American perception of mental health (Kleinman, 1997).
- 19 The debates around ethnopsychiatry (see for instance Fassin, 2000) show that the cultural focus is a long-standing and controversial component of mental health scholarship. And although many symptoms can be studied in relation to their cultural context, be it depression (Ehrenberg, 1998; Moreau, 2009), schizophrenia (Scheper-Hugues, 1979) or bipolar disorder (Martin, 2007), it remains unclear what exactly is understood under the concept of culture. Does it refer to a geographical area; a country; a village; a collective bound by some specific relationship such as religion (Grandsard, 2005)? As in many other research fields, the advent of the Internet renews questions of relevant temporal and spatial scales for the study of social groups and phenomena.
- 20 Firstly, the multiplicity of online spaces allows groups to emerge around specific disorders beyond the reach of institutions and unconstrained by issues of territorial belonging other than language. On the one hand, the very existence of such groups has an impact on the historic evolution of practices and representations around mental health, as illustrated by the example of self-injurers in Patricia and Peter Adler's work. On the other hand, the disorders as cultural products give rise to subcultures with their own rules and practices, as shown by Sarah Riley and Cara Williams' research on anorexia forums.
- 21 Secondly, networked communication technologies may have modified the cultural dimension of mental disorders by extending the possibilities of socialization for those

concerned beyond traditional instances such as family or work. Websites and discussion forums as well as Internet-based therapy projects provide immediate access to such instances regardless of place of residence. Ian Hacking's (2002) famous theory cites several vectors that make up an "ecological niche", one of which is the "observability" of a disorder. The formation of dedicated communities contributes to the observability of mental disorders online, and simultaneously leads to a decrease in offline observability given that the participation of relatives and others in immediate proximity is no longer as important. However the decline in importance of offline relationships isn't all that straightforward, as Michael Dellwing and Nadine Jukschat underline in their papers scrutinizing the power game between online and offline involvements.

## Concluding Remarks

- 22 This *RESET* journal issue invites readers to grapple with the reconfiguration of the study of mental health online and to think over mental disorders in the light of the Internet's social implications. In this introduction we've tried to echo the long standing social scientific debates on mental health, and to point out the contributions made by this issue's papers in at least three ways by:
  1. Extending the debates on psychology and sociology, on individual and collective dimensions.
  2. Reviving the perspectives of labelling theory.
  3. Fine-tuning the study of cultural dimensions in mental disorders
- 23 Studying mental disorders from a social angle remains a means of avoiding the reductionism of a mere individual approach, and of carrying on the inverted perspective to studying the psyche which for instance Becker (1967) achieved when he exhibited the social foundation even of seemingly intimate drug experiences. Other apparently intimate experiences such as self-injury, anorexia, Internet and video game addiction, or psychotherapy can be rethought to account for their social dimensions. This helps to start answering some of the questions raised earlier in this introduction. The search for effects, positive or negative, of the Internet on individuals and on the social world can make room for a more complex understanding of how individuals and groups use the technologies, how they experience and communicate or even transform mental health categories.
- 24 Of course, the cross-cutting presentation of this journal issue which was chosen here doesn't do justice to the variety and particularities of each contribution. The issue gathers studies with subjects ranging from online communities to therapeutic systems, from suspected new disorders to individual mental health trajectories; and encompassing an array of methods and data (ethnographic observation, textual analysis, biographical interviews, or investigation of classic sociological theory). As the first issue of *RESET* demonstrated an enlightening potential for renewing the study of social class, this second issue aims to make a contribution in terms of knowledge on mental health and disorders by investigating the ways the Internet expands into our social worlds and how people embrace it.

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## NOTES

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## INDEX

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## AUTHORS

### BAPTISTE BROSSARD

  cole normale sup  rieure/  cole des hautes   tudes en sciences sociales, Centre Maurice Halbwachs

### DAVID L.J. GERBER

University of Geneva, Department of Sociology

### C  CILE M  ADEL

Mines ParisTech-CNRS, Centre de sociologie de l'innovation